



GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

State of Utah

DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER
Executive Director

Division of Wildlife Resources

JAMES F. KARPOWITZ
Division Director

To whom it may concern:

Pursuant to Administrative Rule R657-57-7 a person may request a variance by filing an application with the Division within 200 days of the:

- last day of the hunting season for which a season extension variance is requested; **or**
- drawing application deadline for which a bonus or preference point variance is sought

TO QUALIFY, THE PERSON MUST:

- Completely fill out form and submit all required documentation
- Submit **original** license, certificate, or permit (photocopies will not be accepted)
- Mail the completed form and any attachments to the address as listed below or submit application to any division office

Attn: Judi Tutorow
Division of Wildlife Resources
1594 West North Temple Suite 2110
Box 146301
Salt Lake City, Utah 84114-6301

Revised 1/10





Attn: Judi Tutorow
Division of Wildlife Resources
1594 West North Temple, Suite 2110
PO Box 146301
Salt Lake City, Utah 84114-6301

APPLICATION FOR A VARIANCE REQUEST

Customer Identification # _____ or Social Security # _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Eligible Wildlife Documents

• General Season Big Game	• Limited Entry Big Game
• Once-in-a-lifetime Big Game	• Antlerless Big Game
• Limited Entry Turkey	• Limited Entry Cougar
• Limited Entry Bear	• Landowner Big Game and Turkey
• CWMU Big Game and Turkey (with operator consent)	

Brief statement explaining Variance Request:

Include attachment if more room needed....

READ QUALIFICATIONS, CHECK ONE BOX BELOW, SIGN AND DATE:

- ☐ **Season Extension** – must be for same hunt, unit, species, weapon type, and season in the ***following*** year
- o Applicant must be ***completely precluded*** from participating in hunting due to:
 - Personal illness or injury; **or**
 - Death or significant illness or injury to an immediate family member; **or**
 - Mobilization or deployment in Armed Forces
- ☐ **Bonus or Preference Point award**
- o Applicant must be ***completely precluded*** or ***substantially impaired*** from filing a timely application in a division administered drawing due to:
 - Personal illness or injury; **or**
 - Death or significant illness or injury to an immediate family member; **or**
 - Mobilization or deployment in Armed Forces

Signature of Applicant _____ **Date** _____

The following documents **MUST** be attached, please check boxes below as they apply:

- ☐ **Original permit**
- ☐ **Within 200 days of season closure?**
- ☐ **Doctor Documentation** (For permit holder or immediate family member); **OR**
- ☐ **Military Orders** or letter from an employment supervisor on official public health or public safety organization letterhead; **OR**
- ☐ **Copy of Death Certificate** of immediate family member

Signature: _____
(DWR personnel accepting application)

(Region Office)

Date: _____

Revised 1/10 (Blue)

R657-57-7. Variance Application.

(1) A person may request a variance pursuant to the requirements of this rule by filing an application with the Division within 200 days of the:

- (a) last day of the hunting season for which a season extension variance is requested; or
- (b) drawing application deadline for which a bonus or preference point variance is sought.

(2) An application for a season extension variance shall contain the following information and documentation:

- (a) name, address and telephone number of the applicant;
- (b) a brief statement of the variance relief sought;
- (c) a description of the wildlife document for which a season extension variance is sought, including the permit number, species and sex, season dates, and weapon type;
- (d) the original wildlife document for which a season extension variance is sought with an undetached and unnotched tag;

(e) a statement verifying the applicant was completely precluded from participating in a qualified hunt because of:

- (i) personal illness or injury;
- (ii) the death, or significant injury or illness of an immediate family member; or
- (iii) mobilization or deployment under orders of the United States Armed Forces, or a public health or public safety organization in the interest of national defense or a national emergency.

(f) corroborating documentation of the qualifying event or condition listed in Subsection (2)(e), in the form of:

- (i) a physician's written statement describing and confirming the qualifying injury or illness of the applicant or an immediate family member;
- (ii) a photocopy of the deceased immediate family member's certified death certificate; or
- (iii) a photocopy of the military orders, or a letter from an employment supervisor on official public health or public safety organization letterhead stating:
 - (A) the branch of the United States Armed Forces, or name of the public health organization or public safety organization from which the applicant is deployed or mobilized; and
 - (B) the nature and length of duty while deployed or mobilized.

(3) An application for a bonus or preference point variance shall contain the following information and documentation:

- (a) name, address and telephone number of the applicant;
- (b) a brief statement of the variance relief sought;
- (c) a description of the wildlife document application and permit type for which a bonus or preference point variance is sought, including the wildlife species and sex, 4 season dates, and weapon type;
- (d) a statement verifying the applicant was precluded or substantially impaired from submitting a wildlife document application because of:

- (i) personal illness or injury;
- (ii) the death, or significant injury or illness of an immediate family member; or
- (iii) mobilization or deployment under orders of the United States Armed Forces, or a public health or public safety organization in the interest of national defense or a national emergency.

(e) corroborating documentation of the qualifying event or condition listed in Subsection (3)(d), in the form of:

- (i) a physician's written statement describing and confirming the qualifying injury or illness of the applicant or an immediate family member;
- (ii) a photocopy of the deceased immediate family member's certified death certificate; or
- (iii) a photocopy of the military orders, or a letter from an employment supervisor on official public health or public safety organization letterhead stating:
 - (A) the branch of the United States Armed Forces, or name of the public health organization or public safety organization from which the applicant is deployed or mobilized; and
 - (B) the nature and length of their duty while deployed or mobilized.